

THE BUFFALO Medical and Surgical Journal.

EDITORS :

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essential elements of nutrition, with the exception of mineral matters, or bone producers. These experiments led us to the production of an extract from malted Barley, Wheat and Oats, which we call MALTINE for brevity, and which contains all the elements of nutrition in the proportions required by the human organism, unimpaired by heat; our evaporation being conducted *in vacuo* at 110° Fahr.

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First: That Wheat and Oats are much richer in alimentary principles than Barley, and that it is only in a combination of these cereals, in the proper proportions, that a perfect preparation can be produced.

Second: That our process for extracting the nutritive elements unimpaired is far superior to the German.

Third: That MALTINE possesses three times the nutritive and therapeutical value of any Extract of Malt in the market.

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MALTINE, and all productions of our house, are kept strictly and invariably in the hands of the Medical Profession.

We guarantee that MALTINE will keep perfectly in any climate or at any season of the year.

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Similar preparations have been lately offered in market at *high prices* under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of **FIFTY CENTS**.

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The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid; and the further fact that **Bi-Sulphate of Quinine** is soluble in **only 10 parts of water** is as little appreciated.

MCKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills**, and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

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We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

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Our Cathartics have been received with much favor both on account of their easy administration and certainty of effect.

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Quinine, Sulph. dissolves in 700 pts. water.

QUININE BI-SULPH., " 10 " "

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The above table demonstrates the greater solubility of the Bi-Sulphate, a very important point, especially when administered in the form of pills or powders; and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

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THE BUFFALO MEDICAL AND SURGICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

TESTIMONY OF MEDICAL EXPERTS.*

BY HON. CHARLES BECKWITH,

Judge of the Superior Court of Buffalo, N. Y.

FIRST we have the parties, the people on one side and the prisoner on the other in criminal prosecutions, and in civil actions the plaintiff or party who alleges certain facts to be true upon which his rights depend, and the defendant who denies the truth of the allegations. These parties are supposed to be attended in court by counsel learned in those fundamental laws which define their rights or impose obligations, and who are also supposed to be skilled in those minor laws which govern the *processes* of legal investigation, the rules of practice and the principles of evidence. It is the office of the presiding judge, by the aid of the counsel, to take care that the practical steps in the proceeding are taken according to established regulations, and to observe that the proofs adduced are such as are just and fair between the parties, that is to say, are of a character that do not violate the principles of the law of evidence, that is, those

* Extracts from an address before the Buffalo Medical Association, April 6, 1880.

precepts and rules to which I have already referred as having been found out and prescribed by the courts during some centuries of experience as best calculated to subserve the interests of truth and justice. He is to see to it that neither party puts into the balance any unlawful weight, that neither party gets any irrelevant fact or testimony into the problem that is before the court for its solution. And then, when the proofs of the parties are in, it remains for the jury, according to the common explanation, under proper instructions from the judge as to the law applicable to the case, to estimate and weigh the testimony and facts in proof, and from them to deduce the conclusion whether the right asserted by the plaintiff is well founded. The true theory as to the part of the jury is, I think, that the conviction which is produced by the proofs so admitted under the watchfulness of counsel and supervision of the court, upon the minds of twelve fair and impartial men, is for all practical purposes the true solution of the question submitted. For, it may be assumed, that, under fair circumstances, the proofs that bring the minds of twelve men to one and the same conclusion, would convey the minds of mankind generally to the same judgment. Thus it is we are supposed to reach that probability of truth, that conclusion and judgment upon which men may safely act in the practical affairs of life.

Undoubtedly this is an imperfect apparatus, so to speak, and the results obtained are subject to some uncertainty, but surely the imperfection is not greater or the issues more uncertain than those which pertain to human affairs in general. Indeed, I believe that the experience of a long period of years in England and this country has failed to convince our ablest and most experienced jurists that a better plan can be devised for the adjustment of those differences and unfortunate controversies which arise among our fellow men. And I am informed that on the continent in Europe the impression is gaining ground that the system is a better one than that which has prevailed there.

Now, when a legal investigation has been instituted in one of our courts, it is the duty of counsel and the judge to restrain a

witness from testifying to any thing that is not within his personal knowledge, for it is a fundamental principle in the law of evidence that a witness may testify only to those matters that are within his own knowledge, and not to those he has learned from other persons or from public rumor. But the witness, it may be, is a stranger to the court and the jury; they know nothing of his personal history, his character, or his relations to the parties litigant, and consequently do not feel quite assured what estimate to put on his testimony. The expedient has been adopted of allowing the opposing counsel to cross-examine the witness, in order that it may be discovered whether he really knows the matters of which he testifies, and to disclose whether he had any interest, or any inducement to color his statements, though they may be literally true as to facts. And so in our system of trials the right of cross-examination has become established, and its exercise is regarded as one of the safest tests of the value of testimony. The interest felt by the party affected adversely by the testimony will sharpen his wits for the detection of any bias, or prejudice, or want of exact information on the part of the witness.

While the general principle is that a witness may testify only to what is within his own knowledge, there is one important exception to the rule. It is this, that men of science or skill, may, under certain conditions, give their *opinions* in evidence. At least lawyers are accustomed to say that they may give in evidence their opinions, though I apprehend that upon investigation and analysis the *opinions*, as such, are not taken as elements of proof, but rather the general facts, laws, principles or inductions to which those opinions relate.

A physician or surgeon, a lawyer, civil engineer or other person skilled in a science or art, may be brought into court as a witness in three different capacities, as it were; first, to testify like the common witness to some incident or ordinary fact that has fallen under his observation. Though he may be a man of skill, following a professional avocation, in this case, he stands

on a par with his fellow men; he cannot certainly safely decline to obey the summons that calls him into court, and when he has come into court he testifies under the same conditions as the ordinary witness. He is entitled to no other fee or compensation than that allowed other witnesses; he can claim no privilege; neither can he, in such case, be permitted to express his opinion on the facts.

Secondly, he may come into court to testify to those facts belonging to the art or science in which he is skilled, but which facts lie beyond the observation and knowledge of men in general. Though the facts to which he testifies are those which only a person skilled in his profession could verify, still, when proven, they take their place among the data of the case in group with the facts established by the other witnesses.

Thirdly, he may come into court as an expert to give in evidence his *opinion* upon the facts to which he testifies himself, or to which others have given testimony, or upon facts assumed hypothetically for the purpose of taking his opinion.

What is the nature and use of an expert's *opinion* taken upon a trial as evidence? The opinion is not given or received as in any manner advising the court or jury what decision to render. But there may be relations of cause and effect in physical facts, of which it is necessary to make proof; or a conventional regulation the existence of which is necessary to be produced for the consideration of the jury, in order to a just finding, but the processes by which the skilled witness is able to verify the existence of that physical law or conventional necessity, would be beyond the comprehension of an unskilled jury. There, then, the expression of the witness' *opinion* is taken as the compend of all the facts upon which the opinion was formed as well as the conclusion which the jury would have reached if capable of the deduction.

The principal remedy afforded by our rules of practice for the discovery of errors in expert testimony, is the cross examination. It has been claimed with some show of reason that when

suitors ask the opinion of professional gentlemen, and require for that purpose their involuntary presence in court, that they should be content with the opinion expressed, without the indignity of inquiring into the grounds thereof and into the extent of the witness' attainments in the branch of knowledge involved. Nevertheless, it is not easy to see how, consistently with the plan of a common law trial, the right of cross-examination can be safely abridged. I have set forth enough of the theory of common law procedure to show the necessity, while trials are conducted according to that system, of reserving to a party the right of cross-examining the witnesses of his adversary. It is a right which must be reserved for the discovery of truth, though it may be but sparingly used, as it is, sparingly and cautiously, by the most skillful and experienced counselors.

This right or privilege no doubt is sometimes shamefully abused, almost beyond the power of the court to prevent it, without depriving the *party* of the right his counsel misuses. It is intolerable to any honorable man's sense of decency to see the insolent manner counsel sometimes put on, and the barren impudence of questions put to witnesses who have been called upon the stand simply because they were unfortunate enough to possess the knowledge of something a party to a law-suit wishes to use. Such conduct seems peculiarly out of place when honorable professional gentlemen, scholars, men of science, are called into court to give the cause of justice, as it is called, the benefit of their researches, their knowledge, their skill.

But every witness called into court may remember that the insolence of a counselor is usually in the inverse proportion of the discipline and cultivation of his mind, and his capacity to try his suit like a lawyer, and that such is the common judgment of the profession. I think a great improvement in this regard is going on among members of the bar. I am glad to see that this matter of the treatment due witnesses, and especially medical experts, has been brought before the State Bar Association, and that the practices complained of have been denounced

as unbecoming a member of the bar. A report of a committee of that Association declares that "it is cowardly to attack unfairly a person to whom the court allows no reply." Public opinion, which controls every thing, is working a change in the manners and modes of courts and lawyers.

Not many years ago, not infrequently, a trial was less a trial between the parties to the suit, than a contest for superiority between lawyers, a struggle of legal athletes for mastery, and the prize of popular applause, and when the pulse and sympathy of the crowd, felt of course by the jury, betokened or announced which of the two athletes was victor, the cause of the client was too often won or lost accordingly.

I would not attempt before this learned society to reflect any light upon those questions of science which medical men are most frequently called upon to elucidate in court, nor to say what modes of exposition are best adapted to those occasions. But the observance of one or two suggestions will certainly tend to preserve the witness from distasteful contests with counsel. I will venture the preliminary remark that the reputation of a physician or surgeon is seldom hurt or advanced by any thing that occurs in a court-room, unless it may be among members of his own profession. The fate of the prisoner, or the issue of the cause, enlists the spectators, and the peculiar discipline of lawyers will cause them rather to respect most those opinions that are advanced with reserve and caution. *Curia advisari vult* expresses the judicial mode, that upon important matters the court will take time to consider and consult. The like caution on the part of a medical expert in advancing an opinion in a court of justice, I am quite certain will not weaken the force of his statement, or the respect it receives at least among lawyers. And I see no reason why the suggestions offered by Professor White before your society on a former occasion were not sound—that a medical expert need not hesitate to say to a question propounded "I do not know;" or to declare that upon the facts presented or data given he cannot express an opinion, cannot undertake to state the proper inference.

It is certain that in the courts the assumption of familiarity with every thing belonging to the expert's branch of science, does not give weight to this testimony. In a criminal cause in this state, in which a number of eminent medical experts had testified on either side of the case, the court referring to the subject of what degree of credence should be given to the opinions of medical experts generally, said: "They have their theories and speculations, and the difficulty with them many times seems to be that they are hardly willing to admit that there is much in the human system, its ailments and diseases that is beyond their knowledge and comprehension."

An expert witness on the stand will make his examination comparatively pleasant by listening carefully to the question put to him by counsel, and when the question is understood, by responding to it with extreme simplicity of statement, but with that fair fullness which is the measure of candor, yet answering neither more or less than what is called for by the question. For, otherwise, if he volunteer, he will excite the jealous watchfulness of opposing counsel, provoke his onslaught, and debar himself from the protection of the court. For the *opinion* of a medical expert is to be given on the facts proven, or the hypothetical facts assumed for the purpose of taking his opinion thereon. If it appear from the answer that the witness has assumed or taken into the proposition a fact not given in the question, the utility of the answer is lost, for the court will not suffer an answer that is not responsive to the inquiry, to go to the jury. It is not the business of the expert to correct the formulae of counsel. If the expert sees that the counsel, from ignorance or otherwise, has omitted facts, or omitted data from the hypothetical case stated, in the absence of which no proper conclusion can be drawn, no opinion can be stated, his safer course is to say that he cannot answer the question as put. If the lawyer who acts as counsel is not able to collate the proper facts or data for the opinion, let him go without his answer. The court, however, on application will

usually allow the witness to explain why he cannot answer the question in the form presented — *Concluded in June number.*

CLINICAL REPORTS.

EPITHELIOMA OF THE CERVIX UTERI—REMOVAL BY PROF. JAMES P. WHITE, M. D.

REPORTED BY WILLIAM D. GRANGER, M. D.

A FEW words in explanation of Dr. White's method of operating, and his ideas of epithelial cancer of the uterus, will without further comment, make clear the brief clinical history here reported. A few years ago the treatment generally taught for this disease, was the amputation of the cervix, or such part as is infra-vaginal, either by the *écraseur*, or the electric-cautery, or else an attempt was made to remove a more extensive tumor by the actual cautery or strong caustic preparations. These methods were applicable only in the early stages of the disease, and proved in the hands of the profession unsatisfactory. They failed to fully remove every vestige of the disease, and it soon returned with increased violence. It has been shown by microscopical study, that when the epithelial cancer is removed, and apparently healthy tissue is reached, there is in the neighboring normal structure of the uterus nests of cancerous matter, and an infiltration of cancer cells. It is necessary, therefore, not only to remove the tumor, but this diseased tissue beyond. With this end in view Dr. White has been operating for many years. Three years ago the reporter had the privilege of seeing him operate, and this principle was explained at that time. Before and since that time Dr. White has repeatedly operated for this disease, essentially in the same manner as is now reported, and with many permanent recoveries. One case, operated upon eleven years ago, has never had a return of the disease. But if the disease does show a tendency to recur, it does so as though

it was a new disease, slowly at first and from a small beginning, so that by examining the patient every few months, and removing these small growths, the disease can be held in check and a prolonged, and comfortable life assured to the sufferer. It is too early now to attempt to give accurate statistics and compare them with other methods. Both time and a large number of cases are required for this purpose. But the testimony of those who have adopted this method is without exception in its favor. The principle of the method is the entire removal of every trace of cancerous disease. This is to be done though it be necessary to invade the body of the uterus, and to carry your operation to the very vicinity of the peritoneum.

Case. Mrs. B., aged sixty-four; married; has had children; has had symptoms of the disease five years; there has been pain, much loss of blood, and failure in health. An examination showed a tumor of the cervix, including both lips of the os, extending into the vagina; the tumor on the anterior lip was the largest, it might be said to be as large as a fig; the tumor bled profusely when examined, almost hiding it, but it presented to the touch the characteristics of an epithelial growth of the so-called cauliflower variety. Patient was operated upon March 3, 1880, by Dr. White; a large, but short, round glass speculum was introduced; the soft projecting part of the tumor was broken down and scraped away with Sims' curette; this was continued until every sign of disease as far as the internal os was removed, and apparently healthy tissue was reached; the finger was introduced to search for any indurated masses of cancer in the healthy structure of the uterus, and such as were found were removed; the hemorrhage during the operation was checked by the use of pure vinegar; the removal of the mass on the anterior lip brought the operator's instrument near to the peritoneum; having removed all the cancer which could be found, the actual cautery at red heat was applied, which served two purposes: first, it stopped all bleeding; and second, it caused a slough to be formed, by which it was hoped to bring away all tissue in which

there was the slightest trace of disease ; a tampon of styptic iron, glycerine and cotton wool was applied, and the vagina was packed with a tampon ; 1-6 gr. of morphine was given before, and 1-6 after the operation ; the patient was susceptible to morphine, and although she suffered much pain, 1-24 of a grain was all that was necessary to quiet it ; after a few days the tampon was removed, and the slough coming away left a healthy granulating surface, this gradually healed ; on March 20th, to get greater security against a return of the cancer, fuming nitric acid was applied ; this healed rapidly, and April 1st the patient was discharged, at which time the whole surface was apparently healed, and there was no discharge ; the next day after the operation the temperature was 103, which was the highest point, and eight days after both pulse and temperature were normal ; injections of carbolic acid were made into the vagina from the first, and nutritious food and tonics were given ; the patient was directed to report every few months ; the patient was much improved in her general health when discharged.

HOSPITAL NOTES.

REPORTED BY DR. FREDERICK PETERSON, HOUSE PHYSICIAN AT THE
BUFFALO GENERAL HOSPITAL.—SERVICE OF DR. C. C. F. GAY.

SARCOMA OF LEFT WRIST.

NELSON SINE, entered Hospital, April 15, 1879 ; single ; age 28 ; American ; brakesman ; joint of left wrist swollen, and discharges from back a thin brownish fluid ; sprained the joint five months before ; flax-seed cataplasms were applied.

April 19. Dr. Gay cut down upon back of carpus, through a cineritious and suspicious-looking tissue ; operation under ether ; carpal bones found unusually soft ; bandaged with sponge in wound as compress.

April 21. Immersed hand in water at temperature of 100°, until

May 3d. Hot fomentations ordered.

May 10. An abscess has formed in front of carpus; opened it to his relief.

May 29. Found it necessary to amputate fore-arm three inches above wrist. That the operation was required, a number of other members of the staff believed. Specimens from the carpus and sections even of portions of the healthy-appearing flaps showed the presence of the round cells of this form of sarcoma under the microscope. Ordered Fowler's Solution gtt. iij. three times daily. Stump healed remarkably quick, and patient grew ruddy and full-faced under generous diet.

June 23. Discharged in perfect physical health; stump a very handsome one. It is said, however, that quick healing is a characteristic of sarcoma, and that it is sure to return.

COMPOUND COMMINUTED FRACTURE OF THE CRANIUM.

JAMES KING, enterprising newsboy, walked into the Hospital, June 12, 1879; age 14; American; his mother accompanied him and said his head had been injured, she thought not badly; examination brought to light a fractured skull; a brick had fallen some forty feet, striking upon the upper portion of the occipital bone, as he was stooping over. Dr. Gay was summoned, and elevated and removed 9 fragments of bone from the wound, under ether, leaving a clean cut circular hole in cranium one and one-half inches in diameter; Dura Mater shone beneath uninjured; the boy was not, nor had he been, at all unconscious; after operation wound was stitched up, and cold water compress applied.

June 13. Patient a little delirious; takes milk and beef tea.

June 15. Has the sort of delirium called muttering; wound bleeds.

June 16. Removed stitches, giving egress to a quantity of coagulated blood which had collected under the closed lip of the wound, and had been pressing upon the cerebrum; consciousness and sanity soon returned as expected.

June 20. Wound healthy and healing slowly; goes out doors and has returned to the various amusements known to boyhood; pulsation of posterior lobe visible under membrane which has grown over opening.

Aug. 2, 1879. Discharged, recovered, and is as astute and vociferous as formerly.

TRANSLATIONS.

TREATMENT OF CLUB-FOOT BY EXCISION OF BONE FROM THE DORSUM PEDIS, BY PROFESSOR KOENIG, IN GOTTINGEN.

FROM THE GERMAN BY HERMAN MYNTER, M. D.

THE author recommends a new operation for pes varo-equinus in cases in which it is impossible to cure the deformity by aid of tenotomy, and forced reduction. He has performed the operation in three cases, of which two recovered, while one died of heart disease before the wound had closed. The ages of the patients were 12, 13 and 19 years. The operation was performed strictly antiseptically, and consists in exsecting a wedge-shaped part of the metatarsal bones through longitudinal incisions on the outer part of the dorsum pedis. His conclusions are as follows:

1. A wedge-shaped excision of the dorsum pedis is the surest and least dangerous method of correcting neglected and useless club-feet, no matter whether congenital or paralytic. To amputate such feet is scarcely any longer justifiable. It is safer than violent reduction, which has been followed with gangrene.
2. The wedge-shaped excision must be made from dorsum pedis with due regard both to the adduction of the foot (pes varus) and to the hyper-extension of the foot (pes equinus) so that the base of the wedge must be relatively on the outer and

dorsal, and on the dorsal side of the foot. In cases of congenital club-foot we must generally remove the head and neck of the talus and the cuboid bone, and if the foot is bent together (plantarflexion) the os naviculare. In paralytic club-foot the wedge must be exsected farther forward. Remove first a little wedge from the outer side, either with knife or chisel, and afterwards remove the bones in the middle of the dorsum pedis. It is not necessary to consider the joints except the tibio-tarsal joint.

3. Longitudinal incisions are preferable when made over the most prominent point. Transverse incisions give perhaps more space, but endanger the tendons, and favor, in paralytic feet, sloughing of the skin. If one incision is insufficient, another may be made parallel with it. It is sometimes of advantage to make tenotomy of the Achilles, and sometimes the plantar aponeurosis must be cut.

4. It is best to remove enough that the deformity may be overcome without the aid of bandages. The antiseptic treatment must be used in all its rigor; the operation is easier, if Esmarch's bandage is used.—*Centralblatt fuer Chirurgie*.

SELECTIONS.

ABORTION AND ITS TREATMENT: WITH SPECIAL REGARD TO THE INJECTION OF WARM WATER.

BY J. FLETCHER HORNE, F. R. C. S. EDIN.

WARM-WATER therapeutics within the last two years have received considerable attention.

By reading a short paper by Dr. Atthill I was led to its use in abortion.

By the term abortion I imply the expulsion of the fœtus prior to the sixth month of pregnancy; I use it as synonymous with the popular expression—miscarriage.

Abortions of early pregnancy seldom need special treatment. The hemorrhage will usually be controlled by rest. Astringents may be tried if needful, or ergotine may be exhibited hypodermically.

In abortions of the eighth to the twelfth week we often have the ovum expelled with the unbroken membranes; if it be not, our aim must be to remove the ovum and its appendages, and thoroughly evacuate the uterus.

The uterine contractions suffice, in many instances, to burst the ovum and throw out the fœtus, and here the uterine action may cease; the pains do not recur as we could wish, the womb continues quiescent, the os almost closed, and the placenta and secundines remain. After a variable interval, from a few hours to as many days, the uterus will probably attempt to rid itself of its contents—often successfully.

Should there be no return of the pains, I think it desirable that immediate removal should be attempted. If the finger can be introduced, and pressure made outside the abdomen, the whole of the cavity of the uterus should be thoroughly explored and evacuated. If the os is closed it should be plugged with a tent, or Dr. Aveling's vaginal tampon will be found useful. The placenta, if retained, will usually become the seat of putrefactive change, as the following case will show:

Mrs. R., multipara, attended by midwife, who, having delivered a putrid fœtus and being unable to complete the removal of the placenta, asked me to see the patient. I carefully endeavored by the finger to remove the soft, pulpy, rotten mass to the greatest extent possible. No hemorrhage followed, but considerable pain. The fœtid discharge was kept down by Condyl's fluid injection, and I several times removed further pieces. The case dragged on a weary existence for many months, and when the patient left the district she was far from well.

I now think that where a portion of the placenta remains, and you cannot reach it with the index finger, the use of the warm water steps in in preference to the use of the ovum forceps.

The tent or tampon will dilate the os and stimulate the uterine efforts. After its removal you will be able to scoop out the ovum and its surroundings.

In these cases I have frequently given ergot in its various forms, and have almost always felt disappointment at the result. Its action on the unstriped muscular fibre of the uterus, so well marked when the organ is fully distended, and the os fully dilated, is certainly not nearly so useful in the middle period of pregnancy. I find it produce tonic contraction of the os, and so act in a manner diametrically opposite to our desire. At the same time I would state, that I think it most desirable, after the whole of the contents of the uterus have been expelled, to stimulate the sympathetic system by the administration of ergot, so as to bring the arterial tree into a state of spasm, which closes the minute arteries, and prevents secondary hemorrhage.

It is a moot point whether absorption of the placenta occurs; if so, it explains the following case:—

Mrs. C. sent for me August 19th, 1879. Messenger said miscarriage. On arrival I found a foetus of about twelve or fourteen weeks had come away. I carefully examined the clots, &c., for placenta. On vaginal examination found the small cord broken off almost in the closed os. On a little tension it again broke. There was no pain, no hemorrhage; nothing further came away, and in a few days, on my last visit, I found the patient in her shop.

In using the warm water I use an ordinary hand-basin, containing about three or four pints of the water at a temperature of 110° or 112°. I would here strongly recommend any of my readers who would use this plan not to use their clinical thermometer; if so, they will find that they will not be able to again shake down the index. I find it a safe limit to use water sufficiently warm that you can hold your hand in it without any degree of discomfort. The basin is placed close to the nates, and one of Higginson's enemas, with vaginal tube attached, is carried up with the fingers through the os uteri, the water is

then to be gradually injected until complete contraction follows—usually one or two pints suffice.

I append three cases of abortion in which I have used the warm water with complete success. In one case of post-partum hemorrhage at term in which I used it, the warm water was not so successful.

CASE I.—Mrs. D., aged forty, sent for me on the night of April 7th, 1878. I subsequently learned that she had had nine children, and found that she had missed three menstrual periods, and ten days before had begun to be unwell; and this had continued without treatment till this afternoon, when a fœtus of about the eighteenth week of pregnancy came away. This was followed by profuse hemorrhage, which was succeeded by fainting and tossing of the arms about—symptoms so characteristic of the drain that had taken place. On my arrival I found her almost pulseless, blanched, the bed saturated with blood, vagina full of clots. By introducing the index finger through the partially dilated os uteri, and with external pressure I got away a portion of the miniature placenta, but the hemorrhage still continued. I then injected gradually about two pints of warm water, with the result of bringing into reach the rest of the placenta, and also producing immediate contraction of the uterus, my finger being expelled by the uterine action.

CASE II.—Mrs. B., a very delicate woman, aged about forty, pregnant of her seventh child, was delivered August 24th, 1879, at 7 P. M., of a fœtus of about the fifth month, which apparently had been dead some time. The placenta came away by external pressure on the uterus. Three hours after, her attendants having tilted her up, violent hemorrhage followed, which drained the woman almost to death's door. On my arrival I immediately injected warm water with success, the hemorrhage ceasing immediately.

CASE III.—Mrs. W., aged thirty-eight, pregnant of her twelfth child, aborted October 15th, 1879. A fœtus of about the third month came away about 2 P. M. At 9 P. M., on my seeing her,

I found she had been losing all day, had fainted several times, was blanched and pulseless. On my injection of warm water collapse followed at once, and the patient turned over as if about to die, but immediately rallied. Contraction of the uterus ensuing almost immediately, a dose of ergot was given; slight discharge continued all night. Nourishing food and tonics were subsequently given, and the patient soon became convalescent.

Physiologically this treatment brings out the nervi-motor power—the reflex action being stimulated by the warm douching and by the impression upon the internal uterine surface, and perhaps upon the uterine muscular fibres. By the administration of ergot after the abortion is completed, the direct spinal action is also stimulated, and no further hemorrhage takes place.

—*Obst. Journal of Great Britain and Ireland.*

GENERAL AND HYGIENIC TREATMENT OF FIBRINOUS CROUP.

BEFORE the German Medical Association, held at Baden-Baden, September, 1879, Dr. C. Rauchfuss, of St. Petersburg, states that by this term he means the so-called "Laryngitis Diphtheritica," which, so far as its cause is concerned, is probably always of diphtheritic origin, but in which there is an absence of other local and constitutional signs of infection. The danger in these cases, to be sure, lies in the extension of the inflammation to the trachea, bronchi, and lungs; but this is very frequent. Were it not, we should, with tracheotomy at our command, rest comfortably assured of victory over most cases. In this discourse, however, we are not to consider the general treatment of diphtheria, but only of a fibrinous inflammation of the membrane of the larynx. Speaker gives a short sketch of the histology of the disease, and points out that it is especially the prolongations of the false membrane, the fibrinous tissue, into the orifices of the mucous follicles which form the strong attachments, and cause the adhesion between the false membrane and the mucous tissue beneath. The accumulating secretion of

the mucous glands loosens and forces out these prolongations, the false membrane is undermined and cast off. We cannot but think that, if we could in practice greatly increase this secretion-pressure, and moisten and soak the membrane, we could accomplish a rapid resolution of the inflammation. This has been attempted mostly by the use of mercurials and antimonials. Speaker has used both of these for many years and with very good results. The action of the drugs in softening and loosening the membranes was so decided and prompt that, in a long list of autopsies, it was possible to pick out the cases where they had been used. Speaker now asks if we cannot attain the same results in a simpler and better way, namely: by any means which cause a great increase of mucous secretion and a soaking of the tissues. This he claims may be done by hydropathic treatment, both external and—so to speak—internal. His method is as follows: In the first place, a methodical, continuous, and large supply of water to the blood, in union with alcoholics; a mixture of water, sugar and cognac, lightly warmed, is given to the children in doses of from 100 to 200 grams every half to one hour. It is easy to give three to four litres a day, not counting other nourishment. The quantity of cognac is regulated by the age, pulse, etc., but in general is large. Besides this, the external hydropathic means are used—packings, drenchings, washings, etc., *very* frequently repeated.

R. claims that, under this treatment, all the membranes we can see externally become moist, the cardiac and respiratory action easier, and the cough looser. Who has not, after taking some warm tea or a hot punch, to “cut short a cold,” experienced the benefits of the *sweating* of the membranes? Simple as it seems, R. claims that in the treatment of croup, this use of water, assisted by good alcoholics, cannot be too highly estimated.

Leaving out of view any general treatment for diphtheria or surgical interference for stenosis, his programme of treatment for a child with fibrinous croup is:

1st. Fresh air and good nourishment—few persons in the room, good ventilation, nourishment mostly with milk.

2d. The use of stimulant and hydropathic procedures to regulate the temperature, pulse, and respiration.

3d. Increasing the watery transudation upon and in the diseased membrane, and exciting increased mucous secretion by the use of the drink above described.

This use of the water is usually sufficient to keep the air of the room moist, but, if crusts or scabs form on any membranes, this moisture must be increased by steam. In connection with this, he uses disinfecting inhalations, and avoids anything mechanically or chemically irritating.

R. claims that his results by this method have been fully as good as by the mercurial treatment, though in a few severe cases he has combined the two. It, at least, has the advantage of being a carefully laid-out plan of proceeding, and guards against placing too much reliance on any one so-called "energetic" remedy.—*American Journal of Obstetrics*.

ASTRINGENTS IN CHRONIC CONJUNCTIVITIS, BY

DR. F. M. WILSON, BRIDGEPORT, CONN.

THE treatment of a chronically inflamed conjunctiva, is often tedious both to physician and patient. A prominent part of this treatment usually consists in the use of some one of the many local applications. With the design of ascertaining what applications were most preferred, circulars were sent to members of the State Medical Society and of the American Ophthalmological Society, and to about half a dozen medical friends not members of either. One hundred and two opinions have been received from general practitioners and forty-one from specialists.

Twenty-two different drugs were mentioned. The following tables contain the more important ones, and the numbers who claim for each first rank :

1. *General Practitioners.*

Argenti Nitras, ...	38.
Zinci Sulphas, ...	32.
Cupri Sulphas, ...	15.
Plumbi Acetas, ...	5.
Alumen, ...	3.
Other drugs, ...	9.

 102.
2. *Specialists.*

Argenti Nitras, ...	18.
Cupri Sulphas, ...	10.
Alumen, ...	4.
Zinci Sulphas, ...	2.
Other drugs, ...	4.
Uncertain, ...	3.

 41.

As will be readily seen, there is a preference for argenti nitras, both on the part of general practitioners and also of specialists. Table 2d is especially significant, representing as it does the treatment of many thousands of cases. The most noticeable difference between the two is the greater number of general practitioners who, with Drs. Roosa, of New York, and Strawbridge, of Philadelphia, prefer zinci sulphas.

The inquiry also brought out an important difference in mode of application.

A majority of general practitioners depend chiefly upon collyria, which they rely upon the patient to drop into the eye.

Specialists, as a rule, place their chief dependence upon stronger applications, which they never trust out of their own hands.

ADDITIONAL EVIDENCE CONCERNING PARTICULAR DRUGS.

Argenti Nitras.—Eight specialists consider it “unquestionably superior to any other astringent.”

Dr. Green, of St. Louis, goes farther; he says, "Can do all with arg. nit. that I can do with *all* the others."

Dr. Webster, of New York, thus excellently summarizes a method of its use: "I more often use a ten-grain solution of arg. nit. than any other astringent. I apply it by a small mop of absorbent cotton twisted about the end of a dentist's cotton-holder or a slender piece of wood. In mild cases I apply the solution to a very small area of conjunctiva of upper lid, usually a little at the inner and a little at the outer end, where the redness is greatest. In severer cases I apply it to a still larger area, and in trachoma I apply it very thoroughly over the whole conjunctiva of upper and sometimes of lower lid. In all cases I neutralize with salt water before restoring lids to place."

Advantages.—1. Can produce with it any effect from the mildest astringent to the most powerful caustic. 2. Above tables show a greater percentage of success with it than with any other application. 3. It is painless except in strong solutions, or "mitigated stick," and even then can be rendered so by immediate neutralization with salt water.

Disadvantages.—1. It stains everything, even the conjunctiva sometimes, when used for a long time. 2. If injudiciously used it seems to do more harm than any other applications. 3. After long use scars of the conjunctiva are more apt to follow than after the use of other applications.

Cupri Sulphas.—Four specialists consider it "unquestionably superior to any other astringent."

Used in solution, but oftenest in solid crystal.

Very smooth and lightly applied to everted lids, as seen by table, ranks next to arg. nit. among specialists, and even among the advocates of the latter is sometimes chosen where conjunctiva is thin, and special liability to scars seems to exist. It is very convenient, and always ready for use. Its application is quite painful.

Alumen.—Used in crystal and in solution, 3i. to water Oj. —suitable only for mild cases; crystal causes sharp pain, but for a few moments only.

Zinci Sulphas.—Used only in solution, grs. i.–v. to water ℥i. A great favorite as a collyrium, both among general practitioners and also with specialists as far as they use collyria.

Hydrargyri Oxidum Flavum (grs. ii. to vaseline ℥i.) is preferred by Dr. Seely, of Cincinnati, in trachoma, and in “all cases of chronic conjunctivitis,” by Dr. Murdoch, of Baltimore.

Formula—℞ *Zinci Sulphatis.*

Cupri “

Ferri “

Aluminis, āā ℥i.

Dr. Holmes, of Chicago, prefers a saturated solution of the above for severe cases, and various solutions for the milder cases. Has used it largely and with great success. Solution is unstable.

Tannin.—Dr. W. S. Little, Philadelphia: “For chronic conjunctivitis without trachoma, tannin; for trachoma, tannin and copper. Along with tannin I generally insufflate calomel. Tannin and calomel are the principal articles which I use at the clinic and in private practice.”

Plumbi Subacet.—Dr. F. Buller, Montreal, Canada: “On the whole I think Plumb. Subacet. acts better than any other astringent.

The solution I employ is,

Liq. Plumb. Subacet., ℥i.

Aquae dest., ℥iii.

always applied by the surgeon himself to everted lids, and washed off with water.”

Several correspondents say that they should use lead more were it not for its dangers; but the only danger mentioned is its liability to form deposits in corneal ulcers.

In addition to these eight favorite methods of treatment, fourteen other methods were mentioned with more or less favor.

Truly, here is not lack of material, and to sift that already on hand would be as profitable a task, perhaps, as to add to it.

In looking over the above evidence one conclusion is inevitably forced upon a candid mind, viz.; that there is no specific for chronic conjunctivitis.

Of course every observant man must by long practice acquire increased facility in the use of local applications, and must of necessity receive many impressions as to special indications, but no one as yet has placed them in such a form that any considerable number of specialists accept and act upon them.

Quite often, then, in commencing the use of local applications, but two courses are open :

1. Pure empiricism.
2. To have some favorite which on the whole seems to meet the largest number of cases.

Finally. The principal conclusion of the above inquiry is, that argenti nitras will meet a larger proportion of cases than any other local application.*

I return my sincere thanks to the gentlemen who have kindly furnished the basis of the above report. Many of the answers received are the summing up of twenty years' experience and over in special practice, and as such deserve publication in full. The necessity of brevity, however, will not permit.—*Proceedings of Connecticut State Medical Society, 1879.*

TRACHEOTOMY FOR DIPHTHERITIC CROUP.

DR. FITZAN (*Berlin. Klin. Wochenschrift*, 1879), within two years, has performed tracheotomy for diphtheritic croup in thirteen cases, with twelve cures. One of these was in a child, only twenty months old. The patient who died was operated upon in extremis and died during the operation. The extremely favorable result is ascribed by the Doctor to the following precautions: First, that both, before and after the operation, he absolutely avoided all depressing therapeutics, and used tonics and strengthening remedies; second, that he caused the patients to diligently inhale, through throat and canula, a one-half per cent.

* All the local applications mentioned are not astringents; all are irritants, and some have caustic properties, but their practical value has been sought rather than their classification. The removal of any active cause for the conjunctivitis, *e. g.*, poor general condition, errors of refraction, strictures of lachrymal passages, etc., must of course precede any local application from which success is expected.

solution of salicylic acid of a temperature of 28 to 30 ° R. He continues these inhalations after the operation in even the most hopeless cases. He does not operate in septic-gangrenous cases. —*Am. Journal of Obstetrics.*

CATARRH OF THE BLADDER; ALBUMEN IN THE URINE.

BY SIR HENRY THOMPSON,

Surgeon Extraordinary to His Majesty the King of the Belgians; Consulting Surgeon to University College Hospital; and Emeritus Professor of Clinical Surgery.

THERE is a group of symptoms frequently met with in men of advancing years, to which I desire especially to call your attention. One of the first circumstances to attract notice is that the urine is more or less cloudy when passed, and that on standing it deposits some adhesive opaque matter in the bottom of the vessel. Such urine is generally neutral, or at best faintly acid; occasionally it is alkaline, always becoming so rapidly by keeping. On interrogating the patient, you learn that the act of micturition is performed rather more frequently than natural—that he is disturbed by it two or three times in the night, and every two hours or so during the day. He may also complain of dull pains about the pelvis and back; he finds the effort to pass water rather greater than it formerly was, and the general health has of late suffered a little.

Now it is by no means uncommon to hear this group of symptoms spoken of as indicating the presence of a “catarrh of the bladder.” And catarrh of the bladder is very generally regarded as a particularly obstinate, sometimes indeed as an incurable, affection. And I am free to confess that as long as those phenomena are considered referable to a specific disease, “catarrh,” so long probably will the disease prove rebellious to treatment and sometimes even incurable.

Again, when the urine described is examined by the microscope, a quantity of pus varying much in different cases, is seen to be present in it; and when examined by heat and nitric acid, a certain amount of albumen is, as a matter of course, deposited.

It happens to me, in the course of consultations, to observe that these phenomena—the admixture of pus with the urine and the presence of albumen—are, singly or together, frequently regarded in themselves, and apart from other facts, as necessarily presenting indications of very grave importance. Are they so?

Certainly they are by no means necessarily grave; on the contrary, in the great majority of cases of elderly men, the presence of these products is not grave. Let me demonstrate to you the marked distinction which exists between the significance which albumen possesses in two different categories of cases. I can scarcely ask your attention to a matter of higher practical importance.

1. When a patient's urine, habitually clear, acid, and free from the faintest blood-tint, throws down to the test of heat and nitric acid a notable quantity of albumen, the source of that albumen is the renal circulation, and, if persistent, the case is almost certainly one of grave import. The presence of organic change in the kidney structure is to be inferred, and other evidence of its existence, if sought for, will probably be found.

2. A very slight admixture of blood in any urine, no matter what the source of the hemorrhage, will produce a considerable deposit of albumen. It is evident, then, that the product in such cases, although sometimes grave, is not necessarily so, and that it may furnish an indication of the slightest possible import, inasmuch as a little blood may appear in the anterior passages, from a lesion which is slight and temporary in its nature.

3. Pus in the urine may, and most commonly does, proceed from some local condition of the bladder, occasionally, indeed, from local inflammation of the urethra. Nevertheless, albumen will be deposited on applying appropriate tests. It is evident that albumen, resulting simply from pus produced by chronic cystitis, has an import vastly less grave than that described above as No. 1, being a purely local and mostly temporary affection of an organ which has no vital function, but merely a mechanical one; the albumen in the former instance being evidence of dis-

organization in the structure of a vital organ—that is, one the sufficient action of which is essential to the very existence of the body.

In short, there ought not to be the slightest temptation to confound two states so utterly unrelated as the two states which we have here contrasted, although they offer from one point of view an accidental similarity—that is, there is in both an admixture of albuminous material in the urine.

Still, nothing is more common than to hear, in connection with a case of purely local bladder affection, the remark gravely and significantly made, "I assure you I have, on several occasions, found by testing a large quantity of albumen in the patient's urine." It is a little difficult sometimes, although necessary, to listen to such an observation with quite sufficient patience. Does the observer really desire to intimate that the patient has constitutional albuminuria, *i. e.*, some form of Bright's disease? If not, his remark is simply devoid of meaning; since, as we know, there is vesical pus in the urine, we know equally that the albuminous constituent must appear on applying the test. And vesical pus in the urine certainly has no more relation to constitutional albuminuria than pus which comes from an external abscess or surrounds a common boil. Simple as all this may appear to you and to me, it is quite astonishing how much confusion there is in men's minds in regard to this matter, and how much importance some persons attach to all albumen found in a urinary test-tube, although the source of the deposit may be easily demonstrated to be the bladder, and no other part of the organs which lie above it.

Finally, the important practical point in relation to treatment is first to ascertain the occasion of the local catarrh. In nine out of ten of these cases it consists in inability, often only to a slight extent, on the part of the patient to empty the bladder completely. The universally acknowledged cause, hypertrophy of the prostate, is, of course, the first in order of frequency. But after this are others not infrequent. Defective action may be

due, first, to simple atony, the result of past habitual or occasional over-distension of the bladder with urine; secondly, to thickened and incompetent muscular parietes of the bladder after chronic inflammation, sometimes associated with old stricture; thirdly, to defective innervation seen in connection with other slight signs of impaired function in a nervous centre; the last being, of course, the most serious of all, in its nature and probable results.

In all of these, local treatment, by carefully removing all the secretion by means of a soft catheter two or three times a day, perhaps aided by gently washing out some remainder, is the chief efficient remedy. Remember that this incompetence of the bladder is always to be sought for by physical examination; no other form of evidence in relation to it, as the patient's sensations, etc., is to be accepted as trustworthy. The introduction of a soft catheter immediately after the patient has passed water by his natural efforts, is the only test, and it should be applied on two or three occasions before arriving at a definite conclusion. The causal relation between the group of symptoms enumerated at the outset, and the defective function described, is far more common than it is generally supposed to be. It is on this account, therefore, that I have asked your attention specially to the subject.—*London Lancet, April, 1880.*

THE PRESENCE OF ALCOHOL IN ANIMAL TISSUES.

To clear up some points hanging on the investigations of Schrader and Dresch, the following experiments were tried by J. Bechamp. (*Compt. rend.* 1879, lxxxix 573.) A piece of horse flesh, weighing three kilog., was dipped in boiling water for ten minutes, and placed in a dish on the 8th of June, and closely covered up with a thick linen cloth. On the 16th of July, the flesh had become very foul and full of life, but the air does not appear to have penetrated to the centre. Alcohol, amounting to 0.8 gramme was obtained, a part of which was

burnt, the rest oxidized with chromic acid to aldehyde, and then to acetic acid, the soda salt of which was prepared and identified. In addition to this, about ten grammes of sodium acetate, butyrate and salts of other higher acids were obtained. Another mass of horse flesh, weighing four kilog. was simply left to itself for four days, and a subsequent treatment yielded alcohol as before, but in less quantity, as well as acetic and butyric acids. The next question which suggested itself to the author, was to determine whether alcohol forms a constituent of a living organ. It has been shown by A. Bechamp, that alcohol is a normal constituent of urine and milk; the question, hence, arises whether it also occurs in the tissues. Fresh sheep's liver, immediately after the animal was killed, contained alcohol; fresh and still warm sheep's brains also contained it, and in larger quantity than the liver; fresh and still warm bullock's brains also contained it. These results show that the presence of alcohol in the tissues does not necessarily indicate poisoning.—*Popular Science Review*, January 1880.

THE THERAPEUTIC VALUE OF PULSATILLA.

PULSATILLA is rapidly growing in favor with many practitioners. Though a very old remedy, having been known to Dioscorides and Pliny, it fell into disuse and was not reinstated till the beginning of the present century.

I have used pulsatilla mainly in simple dysmenorrhœa, where it has proved of decided utility. Its scope is, however, doubtless much wider. A very prominent lawyer of this city told me not long since, that after trying the bromide, valerianates and other remedies of repute for the headache caused by excessive mental application, he found no relief till he made use of the tincture of pulsatilla. He is now never without it, and uses no other medicine for the cure of his headaches, which I know to be very severe. The tincture should be made from the fresh leaves and given with caution. The dose is from 3 to ten drops.—*Dr. Tucker, in the Chicago Medical Gazette.*

NITRO-GLYCERINE.

ALL of our readers are familiar with the *powerful* properties of this compound, but few are aware that its potency as a curative agent under the less alarming title of glonoin, is coming rapidly into favor as a powerful but temporary stimulant, both to the circulatory and nervous system. Its properties have been fully investigated by DeVritj, Muller, Mills, Defore, and others. It is freely soluble in alcohol and ether, and has a sweet, pungent, but not unpleasant taste. It is best dispensed in a one per cent. solution, of which from 5 to 20 m. may be administered at a dose.

A writer in the *British Medical Journal* says: It has been found that the effects of nitrite of amyl and nitro-glycerine on the pulse are similar. Both produce a marked dicotism, and both accelerate the rapidity of the heart's action. They differ, however, in the time they respectively take to produce these effects. The full action of glonoin on the pulse is not observed until from two to six minutes after the dose has been taken; while in the case of nitrite of amyl the dicotism appears in from 15 to 20 seconds after an inhalation, but its effect is transitory, being maintained for only a very short time. The glonoin acts more slowly, but the pulse does not resume the normal character for nearly half an hour.

TREATMENT OF GOITRE BY CHLORIDE OF AMMONIUM.

DR. STEVENS, of Dunham, Canada, states that he has employed chloride of ammonium in the treatment of seven cases of common goitre, or simple hypertrophy of thyroid gland, with most surprising and satisfactory results. Six of the patients were girls under twenty years of age, and all of them were entirely cured after about three months of treatment. The seventh case was that of a married woman, aged forty, and the mother of several children. The tumor in this case was of enormous size, and the patient suffered a good deal from disturbances of

respiration and circulation. She took the chloride two or three months, and at the end of that time the bronchocele was reduced one-fourth in size, and all the circulatory and respiratory symptoms were relieved. Treatment was discontinued, because she became pregnant. The dose used in all the cases was ten grains three times a-day, but Dr. Stevens thinks, larger doses might be useful in old cases. No other medicine or hygienic treatment was combined with the chloride of ammonia. In the cases of the six girls, the tumor had made its appearance about puberty, but in none of them was there any evidence of menstrual derangement or uterine disease.—*Canada Med. Record*, Feb. 1880.

ABSORBING POWER OF WOUNDS.

M. MAAS, of Fribourg, has made a series of researches on the absorbing power of wounds, and the results which he has arrived at are partly opposed to the opinion admitted up to the present. A wound cauterized with the hot iron, nitrate of silver or nitric acid, absorbs like an intact wound; the absorption is much more rapid if the wound has been in contact with carbolic acid, as in Lister's dressing; it is nil in cases of cauterization with chlorate of zinc. In wounds treated openly, a crust is formed which at the end of six hours is unpermeable; it becomes so only at the end of three days if the wound has previously been covered over with a wet dressing.—*Lc Prog. Med.*

TOLERATION OF MORPHINE.

DR. F. POWERS, of Westport, Conn., writes that a woman about sixty years old entered a drug-store in the town a short time ago, and called for forty-five grains of morphine. The druggist weighed it out; she then called for a glass of water, put the drug in it and swallowed the whole. The anxiety of the druggist was somewhat relieved by her saying that she had taken morphine for forty-five years, and that forty-five grains was now her regular dose.—*Medical Record*.

PRODUCTION AND INCREASE OF SECRETION OF MILK BY THE
RICINUS COMMUNIS.

MM. Boncher and Foussagivis have established the efficaciousness of this method of increasing or re-establishing the secretion of milk. It is used thus: a handful of the leaves of the *ricinus communis* are boiled in a litre of water. The breasts are bathed with the decoction for 15 or 20 minutes; there is then applied to the nipples a poultice made with a part of the same leaves, and they are left on till they become dry. The result is obtained after a few hours; but if the secretion is very tardy, we may add to this the employment of fumigation of the boiled leaves directed to the genital organs.—*Medical Press and Circular*.

TRACHEOTOMY FOR CROUP.

THE following conclusions are reached in an exhaustive paper on the subject in *Gaillard's Medical Journal*, January, 1880:

1. That tracheotomy is per se almost devoid of danger.
 2. That fatal hemorrhage should almost never occur, and care with coolness will nearly always prevent opnœa from intracheal bleeding.
 3. That age offers no contra-indications, although the average of success is less in early infancy and adult life.
 4. That early operative interference, whenever the paroxysms of dyspnœa become at all lengthened, is demanded, since delay only adds to the suffering of the patient, and materially lessens the chances of recovery.
 5. That the after-attention is of prime importance; careful attention of the wound, proper treatment of the disease, and proper nursing with fair hygienic surroundings, being the essentials to a successful issue.
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WINE is the work of God; drunkenness is the work of the devil.—*St. John Chrysostom*.

NIGHT MEDICAL SERVICE.

A NIGHT medical service is now in operation in Paris, and in several of the large cities of Europe. It consists substantially in registering the names and addresses of those physicians, who are willing to do night service at the Police stations, so that strangers or those who are without a family physician, or those who wish to obtain a medical man in an emergency, can go at once to a station and be accompanied by an officer to the residence of the physician. The officer then goes with the Doctor to the residence of the patient and also escorts him on his return, and subsequently presents the bill, which, if the patient is unable to pay or cannot be found, is returned to the city, to be paid by the government, the fees being regulated by law.

GRATUITOUS SERVICES TO CLERGYMEN.

IN regard to charging the clergy for medical services, the following resolution was adopted at the meeting of the Allegan County, Mich., Medical Association, July 26, 1877:

“*Resolved*, That the custom of giving our professional services to clergymen and their families gratuitously is unjust to a large class of our patrons, whose incomes are much less than the average incomes of theirs, and that we will hereafter adopt the practice of charging them the same as others.”—*Med. Record*.

THE THERMOMETER IN TREPHINING FOR EPILEPSY.

ACCORDING to the *Broca*, in deciding the question of trephining in epilepsy from convulsions, etc., occurring in a patient who has a depression of the skull resulting from a previous fall or blow, the thermometer will settle our doubts. If the temperature is raised on the injured side, the effects are due to the lesion, and the depressed fragment must be raised; in the contrary case, the symptoms are not due to the lesion, and operative interference is contra-indicated.—*Medical Record*.

CHLORATE OF POTASH IN THE HÆMORRHAGIC DIATHESIS.

BY A. HARKIN, M. D., BELFAST.

CHLORATE OF POTASH, which is prescribed by the profession for a variety of diseases—such as scarlatina, throat-affections, low fevers, blood-poisoning, etc.—has qualities deserving a much wider application; and will yet, in the opinion of the writer, founded on extensive experience, be recognized as a potent remedy in the treatment of maladies depending on suboxidation, on defective nutrition, secretion, excretion, aeration, and molecular metamorphosis. Being mainly composed of oxygen and potassium, each of which is essential to the genesis of healthy blood, its chemical properties commend it to our consideration. In the hæmorrhagic diathesis, which is characterized by a diminished proportion of fibrin, a soft clot, an absence of the buffy coat, accompanied with a delicacy of structure in the capillaries and minute vessels, a remedy is required that shall increase the fibrin, add to the plasticity and chemico-vital elements of the blood and restore its coagulating power, as well as the contractile action of the capillaries; and thus destroy the dyscrasies, in which a slight wound may lead to excessive hæmorrhage, a trifling contusion to extensive extravasation. That this salt, whether given alone or in combination with iron, possesses the very desirable property of controlling the various developments of the hæmorrhagic diathesis, and that its persevering administration will neutralize the constitutional taint on which these ailments depend, Dr. Harkin hoped to establish by the relation of satisfactory cases, selected from an experience of its value extending over more than twenty years' observation. He generally ordered the medicine in the form one ounce of a saturated solution three times daily—one ounce of the salt to a pint of water; and, if iron be required, an addition of one drachm. of the muriatic tincture to the solution completes the mixture.

Administered in this proportion, Dr. Harkin has had the greatest satisfaction in the treatment of epistaxis; in hæmophilia; in hæmorrhage from the bowels, from the kidneys, from the lungs, from the stomach; in menorrhagia; in scurvy; and in purpura hæmorrhagica.—*British Medical Journal*.

DEATH FROM NITROUS OXIDE.

A DEATH from inhalation of nitrous oxide gas occurred lately at Exeter, England. The gas was given to produce insensibility during the extraction of a tooth. The patient was a woman of about forty years of age. After a few inhalations the pulse was noticed to become weak, and the administration was stopped for a time. As the patient had not become insensible, the inhalation was resumed, and the tooth withdrawn. The patient became livid, and in a few minutes died. Her health had been excellent previously, and there was no reason known why she would not be a good subject for the gas. A case has also been reported in this country.—*Boston Med. and Surg. Journal*.

A SHREWD CALCULATION ON THE PROFITS OF DRUGGISTS.

ONE of the leading newspapers of the State, in discussing the question of percentages paid by druggists, says of a case in point: "If the actual cost of drugs used in the prescription were known, it would probably appear that fifty cents would have covered everything, and that all the rest was clear profit—or sheer plunder." Now, we suppose the cost of setting up an advertisement of three lines in that newspaper would amount to about three cents, and yet one would have to pay a dollar for it. Would the editor regard the ninety-seven cents as sheer plunder? Newspaper men had better not talk about profits of apothecaries.—*Pacific Med. and Surg. Journal*.

SPECIAL COMMUNICATIONS.

[We publish the following correspondence, which is of special interest to the profession.—EDS.]

SALE OF DIPLOMAS.

DEPARTMENT OF THE INTERIOR,
BUREAU OF EDUCATION,

WASHINGTON, D. C., March 26, 1880.

DEAR SIR: I have the honor to invite your attention to the following important letter from the United States Minister, at Berlin, of the 2d ultimo, and to the communication from the Honorable the Secretary of State, transmitting the same to the Honorable the Secretary of the Interior, by whom the paper was referred to me.

The issue of fraudulent diplomas by so-called institutions of learning in our country has been brought in many ways, and often, to the attention of this Office; the institution named in Mr. White's letter is not the only one of this kind known here.

The accompanying data bring out the character of these disgraceful transactions quite unmistakably. After reading them, I trust that you will co-operate in the detection of the offenders and the prevention of a practice so injurious to the credit of learning in the United States, and so opposed to the laws and practices of other nations.

Very respectfully, your obedient servant,

JOHN EATON, Commissioner.

Editors BUFFALO MEDICAL AND SURGICAL JOURNAL.

Mr. Evarts to Mr. Schurz.

DEPARTMENT OF STATE,

WASHINGTON, March 12, 1880.

SIR: I have the honor to transmit herewith for your information a copy of a dispatch (No. 87) of the 2d ultimo, from Mr. White, the Minister of the United States at Berlin, in relation to spurious diplomas issued by a so-called American University at Philadelphia. I beg to express the hope that it will be found

practicable to devise measures, through the Bureau of Education or otherwise, for the effectual suppression of the practice of issuing spurious diplomas at Philadelphia, which is proving so injurious to the reputation of this country with respect to higher education.

I have the honor to be, sir, your obedient servant,

WM. M. EVARTS.

The Honorable CARL SCHURZ, Secretary of the Interior.

Mr. White to Mr. Evarts.

LEGATION OF THE UNITED STATES,

BERLIN, February 2, 1880.

SIR: I regret to state that there seems to be a revival here of the sale of diplomas purporting to be issued by an institution of learning in the United States.

Some weeks since a Mr. Pappenheim brought me a diploma, engrossed on parchment in very handsome style, and issued nominally by "The American University at Philadelphia," conferring the degree of doctor of medicine upon one Christopher Schuetz, living, as I understand it, at Leipzig. It would appear that the diploma was offered to Schuetz upon condition of his paying a sum of money for it. It bears the signatures of a number of persons claiming to be professors in the aforesaid university, at the head of them being the signature of "John Buchanan, M. D." Schuetz desired the Legation to give him a declaration of its genuineness and value, which I refused to do. One peculiar feature of the diploma was that, although evidently entirely new and recently issued, it was dated 1872.

About ten days since another and more serious case was brought to my notice. The judicial authorities at Prenzlau forwarded a copy (which I inclose) of a diploma issued by the same alleged institution to Paul Christoph Erdman Volland, and signed by a faculty at the head of which appears the same name of "John Buchanan, M. D." The authorities at Prenzlau asked the Legation regarding the genuineness of the diploma and the

standing of the institution, it being with them a question whether Volland could be allowed to practice his profession under such a diploma.

After looking through the correspondence on record in this Legation (a memorandum of which is inclosed), and seeking in vain for the name of the institution in the list of colleges and universities published by the Bureau of Education in the Department of the Interior, at Washington, my answer was unfavorable to Volland's claim.

From the correspondence above referred to, I find that attempts have been made by the Legislature of Pennsylvania for the suppression of this nuisance; but that, after all, it is a question whether these attempts have been successful, and whether the institution has not still a legal existence. This being the case, I would respectfully suggest that the matter be brought to the notice of the Commissioner of Education in the Department of the Interior, at Washington, and that he forward me any documents or information in his possession regarding the subject.

You will observe among the papers accompanying the diploma of Voland, something much more serious than the diploma itself, and that is the authentication of it by Philip A. Cregar or Gregar, notary public of Philadelphia; and I bring this especially to the notice of the Department, hoping that something may be done to prevent officials in Pennsylvania lending themselves to what is undoubtedly a fraud, whether under the forms of law or not.

That such cases as these have brought disgrace upon the American system of advanced education and upon the American name in general is certain. This has been recently revealed to me incidentally in a curious way: in a very successful play now running at the Royal Theater, in this city, a play written, strangely enough, by a judge of one of the highest tribunals in the Empire, one of the characters, in casting a reflection upon another who is dignified with the title of doctor, declares a belief that the latter had simply bought his degree in America; and in a recent novel, by a popular author here, the scoundrel of the book, having escaped justice in Germany, goes to America,

and is, at last advices, very comfortably settled and practicing medicine with a sham diploma which he has bought for money.

All this, of course, is of no special significance in this case, save as it shows that the fair fame of our country has been and can be injured in the minds of a large number of people, even by such contemptible transactions as those herein referred to.

I have the honor to be, sir, your obedient servant,

AND. D. WHITE.

The Hon. WILLIAM M. EVARTS, Secretary of State, &c.

*The Diploma of Volland.**

Omnibus ad quos literæ præsentés pervenerint, præses, curatores professoresque Universitatis Americanæ Philadelphię, Reipublicæ Pennsylvaniae legibus constitutæ, salutem.

Quum in omnibus academiis rite legitimeque constitutis, aut hic aut ubique gentium, usus laudabilis et antiquus fuerit, ut viri, qui vel literis vel artibus ingenuis, vel quibuslibet studiis liberalibus, non minus diligenter quam feliciter operam dederunt, interea recte atque honeste se gerentes, aliquo eximio honore adornarentur, et ad meritam dignitatem attollerentur, et quum nos, secundum leges reipublicæ nostræ, amplissimam potestatem insigniendi decorandique titulis academicis, et promovendi ad gradus in sacra theologia, legibus, artibus liberalibus ac medicina viros bene merentes teneamus, nos igitur, hac auctoritate præditi usûsque antiqui haud immemores, decrevimus virum egregium, studiis optimis deditum, *Paul Christoph Erdmann Volland*, de cujus eruditione in *chirurgia dentaria arte* et probis moribus satis compertum exploratumque habemus, dignum atque idoneum qui honoretur, ut *vir doctus* altissimo dignitatis gradu; quare uno animo et creavimus et fecimus eum *chirurgiæ dentariæ doctorem*, eique omnia jura et privilegia quæ ad illum gradum attinent dedimus et concessimus.

*The diploma as given here is an exact copy of the original; the words written in the blank form are indicated by the use of italics.

In quorem fidem, has literas signo magno universitatis literariæ communiri jussimus, hoc *decimoquarto* die menis *Octoberis* annoque Domini nostri millesimo octingentesimo *septuagesimo nono*.

SEAL: { Eclectic Medical College
and American University, }
Philadelphia, Pa.

JOHN BUCHANAN, M. D.
JOHN J. FULMER, M. D.
ROBT. DEBEUST, M. D.
RICHARD FORBES, M. D.
CHARLES G. POLK, M. D.
C. H. KEHNROTH, M. D.
JAMES COCHRAN, M. D.
J. K. BOWERS, M. D.

A. P. BISSELL, LL. D.
JAMES ROBINSON.

HYDRATE OF CHLORAL.

Dr. H. H. KANE, of New York City, specially requests members of the profession with any experience whatever in the use of the hydrate of chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:

1. What is your usual commencing dose?
2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?
3. In what diseases have you used it (by the mouth, rectum, or hypodermically), and with what results?
4. Have you known it to affect the sight?
5. Have you ever seen cutaneous eruptions produced by it?
6. Have you known it to affect the sexual organs? If so, how?
7. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and *temperature*; manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc., etc. If an autopsy was held, please state the condition there found.
8. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions, or delirium?

9. Do you know of any cases of the chloral-habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's temperament, and the present condition of the patient, with reference to the state of the body and mind in general, and of the various organs and systems in particular.

Physicians are earnestly requested to answer the above questions *fully*, especially 7 and 9, in order that the resulting statistics may be as valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 191 West Tenth street, New York City.

EDITORIAL.

CLINICAL REPORTS.

THE most important feature introduced by the present management into the JOURNAL is that of Clinical Reports. Two objects are designed to be subserved in this department: 1st, to encourage in the profession a habit, now sadly neglected, of keeping a record of cases, occurring in daily practice; 2d, to publish and preserve from oblivion, the observations, experiences and practice of physicians in rare and isolated cases, thus forming a mass of carefully collated facts and statistics.

In this department especially, we fulfill the earnest purpose set forth in our prospectus, to make the JOURNAL the reflex of medical thought as well as the exponent of the professional skill and attainments of our readers. With a view to secure so desirable an end it is positively essential that the profession, both here and elsewhere, should lend their aid in sending communications of their original researches with their practical observations and careful study of cases, ordinary as well as anomalous.

Medical Journals, not devoted to a specialty, but intended for the general practitioner, are valuable, not by reason of long ori-

ginal papers, which may be very hastily and superficially perused, but from practical hints and facts deduced from cases, which have been closely studied and carefully digested, as well as from judicious selections, covering a wide range of medical literature.

Reports, that are instructive and interesting, need not, of necessity, contain anything startling or wonderful. Often the most simple cases, if skillfully treated, convey a hint or an idea to the careful and interested student, of greater practical utility than the rarest instances of disease or the most heroic operations in surgery.

Reports also of comparatively rare diseases and operations, are at least valuable to the statistician, while cases, illustrating some new plan of treatment, or some new method of surgical procedure, are of interest to the thoughtful mind searching for light to clear up obscure cases often met with in professional life.

In this connection we have only one admonition to offer, that our contributors strive to guard against prolixity. We join in the sentiment adopted by secular Press: "Be brief; be brief; ever more be brief." Conciseness is not incompatible with clearness of description. It is not necessary for a thorough comprehension of a case to consume space in a detailed account of the hourly changes of temperature and variations of pulse. In such minuteness of detail, the significance of cases in a surgical, pathological and therapeutical sense may be obscured and their real value destroyed.

Recurring to the objects intended to be subserved in clinical reports, we are conscious that we have in view the real interests of the contributor as well as the greater interests of medical and surgical science.

BUFFALO MEDICAL ASSOCIATION.

THE April meeting of this Association was principally devoted to the election of officers and other business of no special interest professionally.

Judge Beckwith, of this city, however, kindly presented a paper, containing many practical hints concerning the testimony of medical experts—some extracts from which are given in this number of the JOURNAL. Next month more extended selections will be made from that portion, which treats of the right of physicians to demand payment for professional opinions rendered in court.

After the reading of this paper, the Association proceeded to ballot for officers for the ensuing year, the result of which was the election of the following: President, Lucien Howe, M. D.; Vice-President, Albert H. Briggs, M. D.; Secretary, Dougal Macniel, M. D.; Librarian, J. B. Samo, M. D.

MANAGEMENT OF INSANE ASYLUMS.

THE officers of the New York State Lunatic Asylum have been subjected to considerable criticism of late, by reason of accusations, which, to say the least, have been brought forward in a hasty and ill-advised manner. The alleged mismanagement was first made public through a sensational article in a New York daily, thus arousing the anxiety of all the friends of the insane.

Inasmuch as the statute provides a certain remedy for any such evils, when duly proven to exist, it seems hardly right to cast suspicion upon a number of intelligent physicians without first establishing the truth of every assertion made.

The attention of the Legislature was subsequently called to the management of the Asylum, but in view of the facts presented, the Committee on Public Health, in their report to the Senate, virtually acquitted the officers of the institution of all the charges made. The New York Neurological Society at once answered this report and, in consequence, agitated still more the subject of the government of the Asylum in question.

As one of the results of this discussion a bill has been proposed, which provides that the State Board of Charities may

exercise such authority over the various asylums, as now belongs to them individually. While there may be advantages in a law of this kind, there are also obvious objections to outside interference with matters of local interest, and any such change should be made only after careful consideration, and with the approval of the great majority of medical men.

FELLOWS' HYPO-PHOSPHITES.

THIS preparation combines phosphorus and strychnia in a very palatable and reliable form, especially adapted to the treatment of nervous affections, as well as a valuable auxiliary in bronchial and pulmonary diseases. It possesses also the property of forming an emulsion with cod liver oil, making a convenient combination in diseases in which these important therapeutic agents are indicated.

The sentiment of the profession in this vicinity is decidedly favorable to this preparation, and we do not hesitate to recommend it.

REVIEWS.

Hypodermic Injection of Morphia; its History, Advantages and Dangers.

By H. H. KANE, M. D. New York: Chas. L. Birmingham & Co., publishers.

The thanks of the profession are due to Dr. Kane for this admirable book, which deserves a place in the library of every physician. The book records the experience of 360 physicians in answer to certain questions which were generally published in the medical journals. The opinions and cases thus collected furnish abundant food for thought, and the conclusions drawn therefrom, by the author of the book, are suggestive and highly valuable. In the chapter on deaths from the subcutaneous injection of morphia, 36 cases are reported. One correspondent (name not given) reports a death from the injection of 1-5 of a

grain of morphia combined with 1-75 of a grain of atropia. In this number of the JOURNAL we publish a series of questions from Dr. Kane on hydrate of chloral. The admirable manner in which he has worked up the information obtained by his previously published questions, entitles him to the confidence of the profession.

D.

Skin Diseases ; including their Definition, Symptoms, Diagnosis, Prognosis, Morbid Anatomy and Treatment, etc. A Manual for Students and Practitioners. By MALCOLM MORRIS, Joint Lecturer on Dermatology at St Mary's Hospital Medical School, etc., with illustrations. Philadelphia: Henry C Lea. 1880. Buffalo: Theo. H. Butler.

This manual contains 316 pages, and is written in a plain and simple style, usually adopted by lecturers in presenting their subjects to medical classes. It has also the merit of conciseness, and presents much that is valuable for the student and general practitioner in this difficult and obscure class of diseases. Not unlike other works of this kind, the brevity with which many subjects of great importance are treated, deprives them of the clearness and accuracy of description, which tends to a superficial and imperfect study of medical subjects. The author however, intends the work to supplement, not to supplant, existing treatises on skin diseases, and with this end in view, he has rendered good service to the profession.

L.

Clinical Lectures on the Diseases of Women, delivered in St. Bartholomew's Hospital By J. MATHEWS DUNCAN, M. D., LL.D., F. R. S. E., etc. Philadelphia: Henry C. Lea. 1880.

This small volume of 175 pages comprises Dr. Duncan's clinical lectures, delivered in Saint Bartholomew, originally published in the English Medical Journals, and now reproduced in a separate form. The wide reputation of the author on all subjects connected with gynecology is an ample guaranty that valuable and well-digested matter is furnished to the profession in whatever issues from his pen. A critical examination of this work unfolds so much that is indispensable to those interested

in this class of subjects, presented also with singular clearness and beauty, that we regard it as a valuable contribution to gynecological literature. The scope of the work does not enable the author to treat of many subjects, but his selection is just what the general practitioner requires for his daily work.

L.

A Manual of Auscultation and Percussion, embracing Physical Diagnosis of Diseases of the Lungs and Heart, and Thoracic Aneurism By AUSTIN FLINT, M. D. Second edition, revised Philadelphia: Henry C. Lea. 1880. Buffalo: Theo. H. Butler.

This work contains the substance of the lessons given in connection with practical instruction in auscultation and percussion to private classes, composed of medical students and practitioners. The author avoids all needless refinements, endeavors to consider the distinctive characters of the different physical signs by analysis, and lays stress upon the fact that knowledge of the significance of signs, rests solely on the constancy of their connection with the physical conditions which they represent. It is only necessary to state that this manual bears upon every page, the erudition, experience and skill of its accomplished author, and will be greeted by the profession as another of those valuable contributions to medical literature, which have placed Prof. Flint in the foremost position among medical writers.

L.

A Manual of Pathological Histology. By V. CORNIL, Assistant Professor in the Faculty of Medicine, of Paris, and L. RANVIER, Professor in the College of France. Translated with notes and additions, by E. O. SHAKESPEARE, A. M., M. D., Microscopist to the Philadelphia Hospital, and J. H. C. SIMES, M. D., Demonstrator of Pathological Histology, &c., in the University of Pennsylvania. With 360 illustrations. Philadelphia: Henry C. Lea. Buffalo: Theodore Butler.

The original work of MM. Cornil and Ranvier has had a high reputation in France. The American translators have done their work so well that the American version is in every way superior, and we believe that it will be generally recognized as the best

text book published in this country. The French work having been issued some years ago, is in some respects behind the present state of our knowledge; but in this edition we find that wherever the progress of the science has called for it, additions and changes have been made, with ability and excellent judgment, and the book is now a faithful exponent of the subject in its present state. The most extensive changes are in the sections on *sarcoma*, *carcinoma*, *tuberculosis*, and the classification of tumors.

The illustrations are numerous and well executed, and the mechanical part of the work is all that could be desired. D.

On the Internal use of Water for the Sick and in Thirst. A clinical lecture at the Pennsylvania Hospital, Oct 25, 1879. BY J. FORSYTH MEIGS, M. D. Philadelphia: Lindsay & Blakiston. 1880.

The author quotes on the title page a trite old English proverb: "Drinking water neither makes a man sick, nor in debt, nor his wife a widow," and with so suggestive a text he presents a monograph replete with practical thoughts upon the use of water, as a hygienic and therapeutic agent. Its careful perusal by the profession will call to mind many plain indications for the use of water, rather than drugs, in the treatment of disease. The principles therein inculcated are well worth consideration by every medical man. L.

The Student's Guide to Diseases of the Eye. BY EDWARD NETTLESHIP, F. R. C. S. Philadelphia: Henry C. Lea.

Although several similar manuals are already before the profession, this one deserved more than passing notice. The writer has succeeded in condensing into a small space most of the leading facts of ophthalmology and presenting them in a clear, forcible manner.

The means of diagnosis are set forth in three short chapters, which, in general, give such directions for the examination of

the external and internal portions of the eye, as to enable the student to see clearly the different features of a case, and to appreciate their significance. A good foundation having been thus laid, there follows the "Clinical Division," which naturally occupies most of the book.

In this, the diseases of the various structures are taken up in order, and treated in a simple and concise manner. No undue effort at originality is made, but well-established facts in diagnosis and treatment are so presented as to be easily remembered by the student, or referred to by the practitioner. The chapter which treats of "Diseases of the Eye in Relation to General Diseases," is a good epitome of this phase of the subject, and well worth reading.

The operations are, for the most part, grouped together in one chapter, and although this is in imitation of some of the most elaborate German works, it can hardly be considered the best arrangement. Moreover a few lithographic plates, representing diseases of the fundus, would add much to the value of such a hand-book without materially increasing its price, and a small collection of test-types, and one or two diagrams for the recognition of astigmatism, would also prove very convenient.

As a whole, however, we have here the most recent facts in ophthalmology set forth more clearly and in a smaller space than in any similar compendium now available to the English or American medical students.

H.

American Health Primer—Our Homes. By HENRY HARTSHORNE, A. M., M. D. Philadelphia: Presley Blackiston, 1012 Walnut St. 1880.

This little work is the ninth of the series, and contains practical and valuable hints and information in regard to the situation, construction, light, warmth, ventilation, water supply, drainage, disinfection of our homes. It is written in a popular style, suited to the general reader, and will be of essential service to the medical profession in disseminating facts on sanitary matters.

L.

Muscle-Beating; or Active and Passive Home Gymnastics, for Healthy and Unhealthy People. By C. KLEMM, Manager of the Gymnastic Institution in Riga With ten Illustrations. Price, 30 cents New York: M. L. Holbrook & Co

This work is a novelty and very suggestive, and will prove a valuable addition to the numerous modes of exercise, especially for chronic invalids and sedentary persons. L.

Photographic Illustrations of Skin Diseases. By GEORGE HENRY FOX, A. M., M. D. Complete in twelve parts; forty-eight colored plates, taken from life. Price \$2.00. New York: E. B. Treat, 805 Broadway.

We have taken occasion before to refer in commendatory terms to the great service which Prof. Fox has performed in presenting to the profession these admirable illustrations of a class of diseases, concerning which there is a wide-spread ignorance existing because of a want of familiarity with their varied and multiform phases.

Parts 7, 8, 9, 10 recently received, more than justify all that has been previously written of these valuable works.

Part 7 treats of lupus vulgaris, lupus erythematosus, epithelioma superficiale and rodens, and epithelioma, and contains plates beautifully illustrating these diseases, which, for study, are quite equal to actual cases.

Part 8 treats of trichophytosis capitis and corporis, lichen planus and lichen ruber, with plates, taken from life, giving a wonderfully accurate idea of these diseases.

Part 9 treats of kerion, lepra maculosa, molluscum and erythema multiform.

In this number the plate illustrating erythema multiform is so life-like, that we doubt if any could ever mistake the disease, after studying this illustration with the accompanying text.

Part 10 treats of phtheiriasis capitis and corporis, scabies and porrigo pediculosis.

The work fulfills all the assurances given by the publisher for accuracy and completeness, and constitutes the best guide and help yet published in the study of dermatology. L.

SPECIALTIES

INTRODUCED TO THE PROFESSION BY

PARKE, DAVIS & CO., DETROIT, MICH.

Sanguis Bovinus Exsiccatus.

DEFIBRINATED BULLOCKS' BLOOD (DESSICATED). This article was first introduced by Dr. A. H. Smith, physician to St. Luke's Hospital, New York, and subsequently investigated by F. E. Stewart, Ph. G., M. D., of the same city, who utilized the product by desiccation. Popularly employed as a remedy for consumption, etc., by invalids who drink it at the abattoirs, as it flows from the freshly slaughtered animals.

As a *sustaining* and *supporting* measure it supplies nitrogenous tissue waste, obviates the tendency to death by asthenia, and forestalls a degree of prostration dangerous to life.

As a *restorative* agent, it is indicated in the slow convalescence from fever, in wasting diseases of various forms, consumption and the like, in cachectic states from various constitutional poisons, as syphilis, scrofula, etc., and in all cases where impaired blood, nerves, or digestion, give rise to the anæmic condition, with its resulting general debility, hypochondriasis, or other functional disorder.

As a *curative* agent, in atonic dyspepsia, anæmia, and various derangements of nutrition and secretion.

For a description of the process of manufacture, etc., in detail, please send for circulars.

Bromide of Ethyl.

ing to have very important advantages over chloroform, ether, and other agents heretofore in use. It is powerful, rapid in action, and, in short, it possesses many advantages over the above agents.

Although comparatively a safe anæsthetic, we would still advise care in its use by those unfamiliar with its properties, and will be pleased to furnish circular containing report of case by Dr. J. Marion Sims, in which dangerous effects followed its use.

Jamaica Dogwood.

profession of this country Making due allowance for the enthusiasm which its action has aroused, we would only say that whereas we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

(**PISCIDIA ERYTHRINA**). The reports which have already been received of the effects of this drug more than justify our action in placing it before the

Manaca.

in which it is classed among alteratives of the more active and positive kind. So marked is its effects in the syphilitic cachexia, that it has been called *mercurio vegetal* by the Brazilians. It is recommended also as an anti-rheumatic, relieving the pain and materially shortening the natural course of the disease.

We ask for it a thorough trial, under the belief that it will prove a valuable addition to the list of remedies commonly employed in rheumatism. It is regarded by the Brazilians as almost a specific in the chronic form of the disease.

Extract Duboisia.

largely supplanted atropia, formerly regarded as indispensable as a mydriatic, in the practice of ophthalmology. Its action on the eye is similar to that of atropia, dilating the pupil and paralyzing the muscles of accommodation, but is much more prompt and is attended by none of the disagreeable effects of that salt, irritation of the conjunctiva, dryness of the throat, and, in children, hallucinations, delirium, etc.

We are just in receipt of a direct importation of this rare and expensive drug. Duboisia, although scarcely two years before the profession of this country, has already

Gelatine Products.

sules, Improved Rectal Suppository Capsules, and Gelatine-coated Pills. Our facilities for the manufacture of these articles are unsurpassed, and the perfection to which we have brought them is due to the sparing of no expense in the securing of the best methods and the most experienced skill. We confidently ask a comparison of our Gelatine preparations with those of any other maker. We have but recently added Gelatine-coated pills to our stock, preferring to delay manufacturing them until we should be able to perfect a process through which the objections to gelatine-coated pills, as heretofore offered, might be entirely overcome. Our process is the result of years of experiment, and the expenditure of much capital. We claim for it complete freedom from the objections which attached to all the methods previously employed.

We would ask the especial attention of the medical profession and pharmacists to our line of gelatine and gelatine-coated preparations, comprising Empty Capsules, Improved Rectal Suppository Capsules, and Gelatine-coated Pills.

Gelatine Capsules.

months, in which the demand for quinine, especially in malarial districts, is large. By using our capsules the disagreeable taste of the most disagreeable drug may be completely obviated, and the patient saved the disturbance arising from nausea and repugnance.

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ingenious capsule fillers, known respectively as Davenport's and Whitfield. With one of these instruments, capsules may be filled in much less time than it would take to prepare powders or to make pills. Send for full descriptive circular of these instruments.

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For original articles on the clinical use of Dextro-Quinine during the year 1879, in Remittent, Intermittent and Typhoid Fevers, Pertussis, Cholera Infantum, Pneumonia, Periodic Neuralgia, etc., see communications entitled, "On the use of Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, January 25. "Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, April 5th. "A Case of Pneumonia, etc., treated by Dextro-Quinine, etc."—MEDICAL AND SURGICAL REPORTER, December 20th. "Dextro-Quinine as an Antiperiodic."—Ohio Medical Recorder, March. "On Dextro-Quinine."—New Remedies, March. "Dextro-Quinine as an Antiperiodic."—N. Y. Eclectic Medical Journal, June. "Dextro-Quinine."—Cincinnati Lancet and Clinic, August. "On the use of Dextro-Quinine."—Louisville Medical News, April 5th and May 17th. "Dextro-Quinine as an Antiperiodic."—Medical Brief, July. "Malarial Fever of the South."—Southern Medical Record, August. "Dextro-Quinine in Pertussis."—Southern Medical Record, November. "Dextro-Quinine."—Medical Summary, (two articles), October. "Notes on Hospital and Private Practice."—Pacific Medical Journal, October. "Dextro-Quinine."—Western Lancet (San Francisco), December.

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FACTS FROM NEW YORK.

58	Hugh Daly.	30	Unknown, had paroxysms regularly for 2 months	0	6 grs. in solution every 3 hours. Caused some nausea.	120 gr	Gave <i>Dextro-Quinine</i> during a paroxysm. Reported one month after, cured.
59	Ann Brey.	55	Unknown, paroxysms regularly for 6 weeks	1	5 grs. in solution every 4 hours.	90 grs.	Had paroxysm on second day after treatment with <i>Dextro-Quinine</i> commenced but none after. Reported 3 weeks later as cured.
60	John Neeman.	13	Chills every second day for 2 weeks.	1, the day of tak'g.	5 grs. in solution every 4 hours.	40 grs.	Did not have a single paroxysm after the first day of treatment. One month later reported cured.
61	Rich. Buller.	30	3	0	5 grs. in solution every 3 hours.	60 grs.	Had slight headache and vertigo after the second dose. Two weeks after treatment was commenced considered himself cured.
62	C. Haggerty.	27	Paroxysms regularly for several mo's.	2 both slight.	6 grs. every 4 hours.	120 gr	Had headache and nausea while taking the <i>Dextro-Quinine</i> , but no chills after third day of treatment.
63	E. O'Connor.	28	7	2	5 grs. in solution 3 times a day.	80 grs.	Paroxysm did not recur after taking 20 grains.
64	E. Wiegler.	23	Paroxysms regularly for several mo's.	2, one day of tak'g.	5 grs. in solution 3 times a day.	120 gr	Had two paroxysms, one on the same day treatment was commenced. Had none after taking it.
65	Hen. Brill.	31	Both had Intermittent Fever for several months, contracted in Southern States.	2 light.	5 grs. in solution 3 times a day.	80 grs.	After taking grs. 80, considered themselves cured. During past three weeks had no return, but suffered from dyspeptic symptoms, which were relieved by Bismuth and Pepsin.
66	Mary Brill, wife of above.	26		2 one severe	5 grs. in solution 3 times a day.	80 grs.	
67	Susan McIntyre.	29	Suffering from paroxysms for one month.	1 in 2nd day.	5 grs. in solution every 3 hours.	60 grs.	Continuous headache while taking the <i>Dextro-Quinine</i> , but no chills after second day, one month after had slight chill not followed by fever.
68	Michael Fitzpatrick.	24	Paroxysms regularly for several mo's.	2	5 grs. in solution 3 times a day.	90 grs.	Convalescent after taking 80 grs. No return one month later.
69	Mrs. E. I. P.	24	4	0	4 grs. every four hours. Laid on the tongue and swallowed with water	36 grs.	I found the action of <i>Dextro-Quinine</i> to be the same as that of the Sulphate of Quinine, except that it has not in my hands, caused any tinnitus aurium nor irritated the stomach. I gave it in 1 gr. doses to E. D. H. 3 times daily, for general debility with good results.
70	J. H. R.	64	1	0	April 7th—3 doses.	35 grs.	This patient first took Congestive Chills in Westchester Co., N. Y., and been subject to them for five years.
71	Mrs. M. P.	37	2	0	May 23d—5 doses.	30 grs.	Her chills caused by drinking surface Swamp water. She is naturally bilious. The <i>Dextro-Quinine</i> acted like a charm.
72	Mrs. L.	50	Unknown. Many	0	Pil. <i>Dextro-Quinine</i> , 4 grs. every three hours.	20 grs.	Fully equal to Sulph of Quinia with none of its disagreeable symptoms
73	Mr. Ryder.	22	12 or 15.	0	Four grain doses four times each day in the form of Pills of 2 grs. each.	32 grs.	This was a tertian intermittent, and was promptly cured. There has been no return of chills

These cases were treated by me at the North Western Dispensary and in my private practice. The cases were typical and I considered them a good test for the anti-periodic properties of the drug, and I was at the same time pointed in the results. As an anti-periodic I believe it to be equal to the Sulphate of Quinine.

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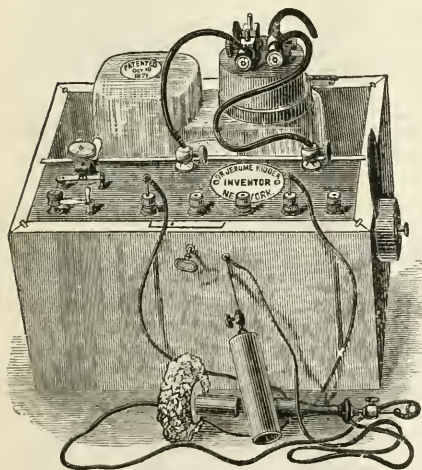
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During the past year we have received nearly one thousand letters from the Medical Profession in this country and Great Britain, referring to the therapeutic value of MALTINE: their character is indicated by several extracts which we present below.

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We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M. D., *Res. Phys., City Hospital.*

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DAVID STREETT, M. D., *Res. Phys., Maternite Hospital.*

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

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PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE;
PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

NEW YORK, April 17th, 1879.

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MALTINE is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

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PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN;
AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

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WM. C. PHELPS, M. D., Demonstrator of Anatomy

JAMES P. WHITE, M. D., President of the Faculty.
CHARLES CARY, M. D., Secretary of the Faculty.

Clinical advantages are offered, both in general and special Departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of about 200,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor Thomas F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diagnosis and treatment is given at the bedside and hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture rooms of the College, under direction of Professor Julius F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopaedy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term.

The course in Physiology, by Professor William H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who are fully abreast with the times and who endeavor to present recent and enlightened views, and to impart thorough, practical information in the duties of the Profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations, which are made available in the several departments.

Ample facilities for the practical study of Anatomy are afforded in spacious and well lighted Dissecting Rooms, where abundant material may be had at low rates.

The Demonstrator will be in daily attendance and the Dissecting-rooms will be open during the first ten weeks of the Course.

The fee for the Tickets of all the Professors amounts to \$100. Matriculation fee: (annually) \$5.00. For those who have attended two courses elsewhere the fee is \$50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket \$150.00, admitting the owner to as many courses as he wishes to attend.

No hospital fees are required; the Faculty assuming to pay for the admission of all members of the class, without extra charge to them.

Graduation fee \$25.00. Graduates of any respectable college, after three years' practice, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is \$5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from \$4.00 to \$6.00 per week.

For further information or circular, address

CHARLES CARY, M. D.,

BUFFALO, March, 1880.

210 DELAWARE ST.,

Secretary of the Faculty